

FILED DEC 11 1950

STANDARD CERTIFICATE OF DEATH

State File No. **39573**

BIRTH NO. 79490-50		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6162		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY Stone Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Ruth		c. LENGTH OF STAY (in this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) Rural Ruth			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Harold		b. (Middle) Eugene		c. (Last) Mease	
4. DATE OF DEATH (Month) (Day) (Year) Nov 28-1950		5. SEX m		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	
8. DATE OF BIRTH Nov 28-1950		9. AGE (In years last birthday) 22		10. MONTHS 1		11. DAYS 1	
12. HOURS 1		13. IF UNDER 1 YEAR		14. IF UNDER 1 MIN.		15. IF UNDER 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) 0				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Eugene Mease		13b. MOTHER'S MAIDEN NAME Hazel Stewart		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Eugene Mease			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Failure of the valves in heart causing Carbon dioxide poisoning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carbon dioxide poisoning DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Coronary existed at birth 7543	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 28, 1950 , to Nov 28, 1950 , that I last saw the deceased alive on Nov 28, 1950 , and that death occurred at 10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE L.S. Hummel M.D. (Degree or title)				23b. ADDRESS Needle Spring Mo.		23c. DATE SIGNED 11/30/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Nov 30-50		24c. NAME OF CEMETERY OR CREMATORY Eisenhaus		24d. LOCATION (City, town, or county) (State) Salina Mo. 83-2	
DATE REC'D BY LOCAL REG. Nov 30-50		REGISTRAR'S SIGNATURE Lena Murray - Dep.		25. FUNERAL DIRECTOR'S SIGNATURE Everett G. Cheatham		ADDRESS Salina Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 6 1950

Dist. File 1250-2456

Date Filed 12-8-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{nat.} embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed Elliott Cheatham

Licensed Embalmer No. 3870

P. O. Address Salina, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.